815 West Washington, P.O. Box 19253 Springfield, Illinois 62794-9253

Retirement Security for Illinois Educators

(888) 877-0890

Instructions for Electronic Funds Transfer (EFT) Program for Employer Remittances

SYSTEM INSTRUCTIONS

- The system is available to you 24 hours a day, seven days a week, including weekends and holidays.
- To be considered timely, calls must be completed **by 3:30 p.m.** (**Central Time**) at least one business banking day before the payment due date.
- You must enter the date you would like your bank account debited. You may specify a future bank account debit date. This date cannot be a weekend or state holiday and must be at least one business day in the future. For the *member and employer* contributions and *Teachers' Health Insurance Security* payments (options 1 and 2), you have up to 30 days in the future to settle. For payments from a *TRS Remittance form*, or a *THIS Fund Remittance form* (options 3 and 4), you may designate up to 40 days in advance.
- You may remit multiple pay periods or multiple contribution types in the same phone call.

For faster reporting, please have the following information ready before calling.

Have your Employer Pay Period Schedule Report and your TRS or THIS Fund Remittance form ready <u>before</u> you call. *For identification:*

- The contribution type: (1) member & employer contributions, (2) Teachers' health insurance, (3) TRS Remittance form or (4) THIS Fund Remittance form.
- Your 7-digit employer ID number.
- Your PIN code (please see the instructions on how to establish on your first call).

For individual payment reporting:

- Fiscal year (4-digit CCYY).
- Pay period (values 01-60 inclusive), when applicable (as indicated on your Employer Pay Period Schedule Report).
- Individual or total contribution amount(s), as dollars and cents.
- Bill invoice number (as indicated at the top of the TRS or THIS Fund Remittance form).
- Bill section number (as indicated in the bill section of the TRS or THIS Fund Remittance form).
- Bank account debit date (6-digit MMDDYY).

CALI	L TOLL-FREE	: (800) 230-1107			
l.	System:	Welcome to the Teachers' Retirement System of the State of Illinois. Please press 1 now.			
	Employer:	1.			
2.	System:	Please press the pound (#) sign after each entry to speed your call.			
3.	System:	Please enter your 7-digit employer number.			
	Employer:	#.			
1.	System:	Enter your PIN code.			
	Employer:	#			
5.	System:	To make a member and employer contribution, press 1, to make a Teachers' health insurance contribution, press 2. To make a payment from a TRS Remittance form, press 3. To make a payment from a THIS Fund Remittance form, press 4. To perform a cancellation or inquiry about a payment, press 5. Or for a PIN code change, press 6.			
	Employer:	#.			
	System:	1# - proceed to step 6a – Option 1 2# - proceed to step 6a – Option 2 3# - proceed to step 6a – Option 3 4# - proceed to step 6a – Option 4 5# - hold for operator assistance 6# - follow along as prompted			

Option 1 - For Member and Employer Contributions:			_		achers' Health Insurance Contribution:
			_		r Pay Period Schedule Report.)
6a.	System:	· ·	6a.	System:	Enter the fiscal year for which you are
		remitting contributions.			remitting contributions.
		# (CCYY)			# (CCYY)
6b.	System:	Enter the pay period.	6b.	•	Enter the pay period.
	Employer:	#		Employer:	
6c.	System:	Enter the total member TRS contributions	6c.	System:	Enter the TOTAL member and
	Employer:				employer THIS Fund contribution
6d.	System:	Enter the total employer contributions			amount (in dollars and cents).
		from special trust or federal earnings.		Employer:	\$#
	Employer:	\$#		System:	\$
6e.	System:	Enter the total employer's			andcents.
	-	contributions for member benefit		To accept,	press 1. To correct and re-enter, press
		increase.		•	2.
	Employer:	\$#		Employer:	1# (accept) – proceed with steps #7, 8, 9.
	System:	Your TOTAL for all amounts entered		1 3	2# (correct) – return to step #6a and
	<i>J</i>	is:dollars and			re-enter.
		cents.			
	To accent, r	oress 1. To correct and re-enter (all			
	amounts), p				
	· · · · ·	1# (accept) – proceed with steps #7, 8, 9.			
	Employer.	2# (correct) – return to step #6a and			
		re-enter.			
Onti	ion 2 For Da		Ontion	A For Day	was out from a THIC Front Domittance Form
		•	_	-	yment from a THIS Fund Remittance Form:
6a.	System:	Enter the bill invoice number of the	6a.	System:	Enter the bill invoice number of the
		bill you are paying from.			bill you are paying from.
6b.	System:	Enter the TRS bill section number for	6b.	System:	Enter the THIS Fund bill section
		which you are making payment.			number for which you are making
_	Employer:	#		_	payment.
6c.	System:	Enter the dollar amount for the TRS		Employer:	
		bill section number.	6c.	System:	Enter the dollar amount for the THIS
	Employer:	\$·			Fund bill section number.
	System:	You entered:dollars		Employer:	\$·
		andcents.		System:	You entered:dollars
	To accept, press 1. To correct and re-enter, press 2.				andcents.
	Employer:	1# (accept) – proceed with steps $#7, 8, 9$.		To accept,	press 1. To correct and re-enter, press
		2# (correct) – return to step #6a and			2.
		re-enter.		Employer:	1# (accept) – proceed with steps #7, 8, 9.
					2# (correct) – return to step #6a and
					re-enter.
7.	System:	Enter the date you would like your bank	z accor	int debited	(required)
, .	•		· accor	ini debited	(requireu):
	Employer:	# (MMDDYY).			
	System:	You entered a debit date of		.•	
		To accept, press 1. To correct and re-en	iter, pi	ess 2.	
	Employer:	1# (accept) - proceed with step #8.			
	Zinpioj ci v	2# (correct) - return to step #7.			
O	C4	•	1	1	-4-1 V
8.	System:	Thank you. Your contribution Repeating			pted. Your reference number is
9.	System:	To disconnect, press 1. To continue, pre	ess 2.		
	·	1# - Thank you for using the Teachers'		ment Syster	n.
	Zimpioyei.	2# - To report for the same employer no			
		To report for a different employer in			
		ivicoviciui a uniciciil ciiiuuvei	uuliiit	4 PI COO 4. 1	13C-141 H3 tV 3tCD #3.1